

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of occupation of deceased is shown on

FILM No. **101** MAR 26 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (76)

## CERTIFICATE OF DEATH

02687

Reg. Dist. No. **162**

### 1. PLACE OF DEATH:

County **Garett**  
City or town **Jennings**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Life**  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State **MD** County **Garett**  
City or town **Jennings**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name War

### 3. (a) FULL NAME

**Emerson Galen Jr Beachy**

### 3. (b) Social Security Number

**212-24-1743**

4. Sex **M** 5. Color or race **W** 6. (a) Single, married, widowed, or divorced **Married**  
6.(b) Name of husband or wife **Mary Beachy**  
7. Birth date of deceased (mo., day, yr.) **February 26 1927**  
8. AGE: Years **19** Months **-** Days **17** If less than one day  
6.(c) If alive, give age **16** years

9. Birthplace **Jennings Md**  
(Town, county, and state)  
10. Usual occupation **Saw-Miller Laborer at Fire**  
11. Industry or business **Brick Plant**

12. Name **Galen Beachy**  
13. Birthplace **Rural Near Jennings**  
**Vena L. Yost**  
14. Maiden name  
15. Birthplace **Rural Near Grantsville Md**  
16. Informant **Galen Beachy**  
Address **Grantsville Md**

17. **Burial** Date thereof **3-17-1946**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory **Grantsville**  
Location **Grantsville Md**

18. Funeral director **Wm Wintersburg**  
Address **Grantsville Md**

19. **March 16 1946** **Ethel Bradwater**  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH **March 15 1946** at **1:15 p.m.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Mar 15 1946** to **Mar 15 1946** and that I last saw him alive on **Mar 15 1946**

Immediate cause of death **Puncture of left lung**

Other conditions **Head injuries**  
(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide **Accident** Date of **Mar 15 1946**  
Where did injury occur **Grantsville Md** (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) **Industry**  
Means of injury **Fall in mixing at brick factory** Injured at work? **Yes**  
23. SIGNATURE **M. D. Davis M.D.**  
Address **Grantsville Md** Date signed **Mar 16**

RECEIVED

MAR 19 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

## CERTIFICATE OF DEATH

02688

Reg. Dist. No. 163

## 1. PLACE OF DEATH

County SarrettCity or town Swanton R.F.D. Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County SarrettCity or town R.F.D. Swanton - Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. Chestnut Grove  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Martha Susan Duckworth

## 3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Marvel Duckworth

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 18778. AGE: Years 74 Months 4 Days 17 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Hampshire Co. W. Va.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name David H. Smith13. Birthplace Va.14. Maiden name Jabisha Bodkin15. Birthplace Va.16. Informant Mrs. Florence BarnardAddress R.F.D. Swanton Md17. Burial Date thereof Mar 12-46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ticknell Cemetery -Location Chestnut Grove. Md.18. Funeral director W. Harold FudlerAddress Piedmont. W. Va.19. Mar 18, 1946 Wesley Patterson  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1946, at 8 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 9 1945 to Mar 10 1946 and that I last saw him alive on March 10, 1946

Immediate cause of death

Cerebral Hemorrhage

DURATION

1 moDue to hypertensive cardio-vascular disease6 yrs

Due to

Other conditions Diabetes Mellitus10 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE James H. Smith M. D. or otherAddress Piedmont W. Va. Date signed Mar 12, 1946

RECEIVED  
MAR 16 1946  
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1780

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

## 1. PLACE OF DEATH:

County Garett  
City or town Rural Near Grantsville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Anthony Robert Duda

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife.

XXXXXXXXXX

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

March 14 1930

8. AGE:

Years

Months

Days

If less than one day

16-8

.....hrs.

.....min.

9. Birthplace West Brownsville Pa  
(Town, county, and state)10. Usual occupation At School

11. Industry or business

FATHER

12. Name

Michael Duda

13. Birthplace

Mt Pleasant Pa

MOTHER

14. Maiden name

Mary Kiarys

15. Birthplace

Mensville Pa18. Informant Michael Duda

Address

Brownsville Pa

17.

Burial

Date thereof

3-25- 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Brownsville KK

Location

Brownsville Pa

18. Funeral director

Address

Grantsville Md

19.

March 23 46

(Date rec'd by registrar)

Ethel Broadwater

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa

County

Fayette

City or town

Brownsville Pa

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

March 2219 46 at7:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 2219 46 toMar 23 1946

and that I last saw h..... alive on..... 19.....

Immediate cause of death

fracture of skull

DURATION

Due to

fracture of skull

Due to

Other condition

fracture of left arm

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

Mar 22 1946

Where did injury occur?

Grantsville

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Automobile accident

Injured at work?

No

23. SIGNATURE

H. R. Davis M.D.

M. D. or other

Address

Grantsville MdDate signed Mar 22 1946

RECEIVED  
MAR 26 1946  
BUREAU V.E.

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Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH  
of deceased is shown on 2411 N. Charles St., Baltimore (11)

FILM No. I 06 AUG 13 1946

# CERTIFICATE OF DEATH

Reg. Dist. No. 172

## 1. PLACE OF DEATH:

County Garrett  
City or town Kitzmiller  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 70yrs.  
Hospital, institution, or street address where death occurred:  
Church Street  
How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Kitzmiller  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Church Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

## 3.(a) FULL NAME

Truman Alfred Harvey

## 3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Mary Geneva (Wilson) Harvey  
7. Birth date of deceased (mo., day, yr.) March 23, 1872 6.(c) If alive, give age 72 years  
8. AGE: Years 74 Months 11 Days 17 If less than one day  
.....hrs. ....min.

Mt. Zion, Garrett Co., W. Va.  
9. Birthplace Retired - Miner  
10. Usual occupation  
11. Industry or business Coal Mines  
12. Name Lewis Harvey  
13. Birthplace Garrett Co., Md.  
14. Maiden name Malissa Harvey  
15. Birthplace Garrett Co., Md.

16. Informant Mrs. Viola Herman  
Address Oakland, Md.  
17. Burial  
Date thereof March 13, 1946  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory I.O.O. Cemetery  
Location Elk Garden, W. Va.  
18. Funeral director Otha F. Sharpless  
Address Blaine, W. Va.

19. 3-14 46 Quinn  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1946 at 2:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 45 to March 10 1946  
and that I last saw him alive on March 10 1946

Immediate cause of death

Bilateral Broncho-Pneumonia DURATION 2 weeks

Due to Influenza

Due to

Other conditions Emphysema

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph Calabrese MD M. D. or other

Address Kitzmiller, Md Date signed March 11 46



RECEIVED  
AUG 3 1946  
BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02690

Reg. Dist. No. 171

<b>1. PLACE OF DEATH:</b> <u>Garett</u> County..... City or town..... <u>Bittinger</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>38 Years</u> Hospital, institution, or street address where death occurred: ..... How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Md</u> County..... <u>Garett</u> City or town..... <u>Bittinger</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war.....			
<b>3. (a) FULL NAME</b> <u>Mrs Elizabeth Hetrick</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>F</u>		<b>5. Color or race</b> <u>W</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Widowed</u>			
<b>6. (b) Name of husband or wife</b> ..... <u>Melchor Hetrick</u>						<b>6. (c) If alive, give age</b> ..... years	
<b>7. Birth date of deceased (mo., day, yr.)</b> ..... <u>May 19 - 1872</u>							
<b>8. AGE:</b> Years <u>73</u>		Months <u>9</u>		Days <u>17</u>		If less than one day .....hrs. ....min.	
<b>9. Birthplace</b> ..... <u>Bittinger Md</u> (Town, county, and state)							
<b>10. Usual occupation</b> ..... <u>House Work</u>							
<b>11. Industry or business</b> .....							
<b>12. Name</b> ..... <u>Samuel Slabaugh</u>							
<b>13. Birthplace</b> ..... <u>Not known</u>							
<b>14. Maiden name</b> ..... <u>Christena Durst</u>							
<b>15. Birthplace</b> ..... <u>Rural near Bittinger Md</u>							
<b>16. Informant</b> ..... <u>Roy Hetrick</u> Address..... <u>Salisbury Pa</u>							
<b>17. Burial</b> ..... <u>Bittinger</u> (Burial, cremation, or removal. Which?) Cemetery or crematory..... Location..... <u>Bittinger Md</u> <b>18. Funeral director</b> ..... <u>Wm Winterburg</u> Address..... <u>Grantsville Md</u>							
<b>19. March 9 1946</b> (Date rec'd by registrar)..... <u>J.B. Emory</u> Registrar							
<b>MEDICAL CERTIFICATION</b>							
<b>20. DATE OF DEATH</b> ..... <u>March 8</u> 19 <u>46</u> at <u>2:30</u> <u>A</u> M							
<b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Jan 1</u> 19 <u>45</u> to <u>Mar 8</u> 19 <u>46</u> and that I last saw him alive on <u>Mar 3</u> 19 <u>46</u> Immediate cause of death..... <u>Chronic endocarditis</u> DURATION..... <u>1 year</u> Due to..... Due to..... Other conditions..... <u>hypertension</u> <u>right foot amputated</u> (Include pregnancy within 3 months of death) Major findings of operations..... Date of op..... Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically.							
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....							
<b>23. SIGNATURE</b> ..... <u>H. W. Davis M.D.</u> M. D. or other..... Address..... <u>Grantsville Md</u> Date signed..... <u>Mar 9</u>							

RECEIVED

MAR 12 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02691

Reg. Dist. No. 167

## 1. PLACE OF DEATH:

County GarrettCity or town Kerpton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Va. County TuckerCity or town Thomas

(If outside city or town limits, write RURAL and give nearest town)

Street No. World War I

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

James Guy LARGENT

## 3. (b) Social Security Number

232-09-3421

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widower

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Sept 21, 1888

8. AGE:

Years

Months

Days

If less than one day

57518

hrs.

min.

9. Birthplace

Paw Paw, West Va.

(Town, county, and state)

10. Usual occupation

Coal Miner

11. Industry or business

12. Name Samuel Largent

13. Birthplace

Hampshire Co. West Va.

MOTHER

14. Maiden name

Mary Susan Thomas

15. Birthplace

Levels, West Va.

18. Informant

David Andrew Largent

Address

Thomas, West Va.

17.

(Burial, cremation, or removal. Which?)

Date thereof Mar. 14, 1946

(month) (day) (year)

Cemetery or crematory

Rose Hill Cem.

Location

Thomas, West Va.

18. Funeral director

Address

Thomas, West Va.

19.

(Date rec'd by registrar)

3/2046Chas. C. Shaffer

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

March 111946

at

12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

24 hours after death

and that I last saw him alive on

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. J. Bauman for J. D. Bauman & Co.

M. D. or other

Address

Darkwood Mt

Date signed

3/13/46

RECEIVED  
MAR 22 1946  
BUREAU V. A.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02692

Reg. Dist. No. 168

## 1. PLACE OF DEATH:

County Garrett  
City or town Dist # 9 Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3490  
Hospital, institution, or street address where death occurred: —How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
City or town Dist # 9 Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 1 Salisbury Pa  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

Delie M. McKenzie

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Joe R McKenzie7. Birth date of deceased (mo., day, yr.) Oct 8 1911 6.(c) If alive, live age 33 years8. AGE: Years 67 Months — Days — If less than one day — hrs. — min.8. Birthplace Garrett Co MD  
(Town, county, and state)10. Usual occupation N W11. Industry or business —12. Name Samuel Meese13. Birthplace —14. Maiden name —15. Birthplace —16. Informant Fred McKenzieAddress Frostburg Md17. Burial Date thereof March 6, 1946  
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory St. Michael'sLocation Frostburg Md18. Funeral director Joe EdlichAddress Frostburg Md19. March 4 19 46 Myrle M. Michael  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 19 46 at 8:00 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944 19 — to Mar 3 19 46and that I last saw her alive on Feb 15 19 46Immediate cause of death Cerebral Hemorrhage SuddenDue to Hypertension several yearsDue to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Joe R McKenzie MD M. D. or otherAddress Frostburg Md Date signed 3-4-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 6 1946  
BUREAU V.M.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02693

## CERTIFICATE OF DEATH

Reg. Dist. No. 163

## 1. PLACE OF DEATH:

County GarrettCity or town Bloomington

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

60 Yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County GarrettCity or town Bloomington

(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Edward Louis Miller

## 3. (b) Social Security Number

Not known by file

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widower

## 6. (b) Name of husband or wife

Elizabeth Miller

6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

Mar 28 1866

## 8. AGE:

Years

Months

Days

If less than one day

79

11

7

hrs.

min.

## 9. Birthplace

Barton-Garrett-Md.

(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

Coal-Mine

## 12. Name

John A. Miller

## 13. Birthplace

Not Known

## MOTHER

## 14. Maiden name

Not known

## 15. Birthplace

## 16. Informant

Edna Wildesen

## Address

Bloomington, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

Mar. 8, 46

(month) (day) (year)

## Cemetery or crematory

Bloomington,

## Location

Bloomington, Md.

## 18. Funeral director

Ellsworth S. Boal.

## Address

Westernport, Md.

19. 3-8

(Date rec'd by registrar)

19 46

Daisy Pattison

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5, 1946 at 3.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 20, 1946, to March 5, 1946

and that I last saw him alive on March 5, 1946

## Immediate cause of death

Fractured R. Hip

## DURATION

2/20/46

## Due to

Fall

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury Fall on steps Injured at work?

## 23. SIGNATURE

P. E. Berry M.D.

M. D. or other

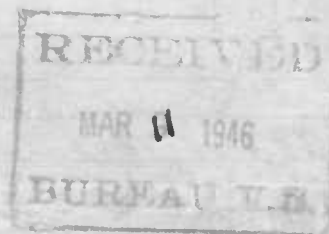
Address Bloomington, Md. Date signed 3/2/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 174

## CERTIFICATE OF DEATH

02694

Reg. Dist. No. 167

## 1. PLACE OF DEATH:

County GarrettCity or town Kempton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Kempton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Peter Howard SCRIPP

## 3. (b) Social Security Number

232-01-14734. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Valeria Pifel Scripp6. (c) If alive, give age 29 years7. Birth date of deceased (mo., day, yr.) November 16, 19128. AGE: Years 33 Months 4 Days 4 It less than one day hrs. min.9. Birthplace Henry, Grant Co., West Va.  
(Town, county, and state)10. Usual occupation Motorman11. Industry or business Coal12. Name Simon Scripp13. Birthplace Lithuania14. Maiden name Anatalia Scripp15. Birthplace Lithuania16. Informant Mrs. Valeria P. ScrippAddress Kempton, West Va.17. Burial Date thereof Mar. 23, 1946  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St. Thomas Cem.Location Thomas, West Va.18. Funeral director W. D. DuncanAddress Thomas, West Va.19. 3/22 1946 Chas. C. Shaffer  
(Date rec'd by registrar) (month) (day) (year) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 20 1946 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 20 / 46 1946and that I last saw h. after rain 1946Immediate cause of death mine accident DURATIONaccidental deathDue to Being crushed in roof ofby subway coal car

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C P Burke M. D. or otherAddress Thomas Date signed 3-21-46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 25 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1978

## CERTIFICATE OF DEATH

02695

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Rural Mt. Lake Park  
 (If outside city or town limits, write RURAL and give nearest town)  
47 years  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 -----  
 How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Rural Mt. Lake Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 3 Mi. So. Mt. Lake Park  
 (If rural, give LOCATION)  
 -----  
 2.(a) If veteran, name war -----

## 3. (a) FULL NAME

James Henry Sims

## 3. (b) Social Security Number

-----

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Huldah Jane Sims  
 6.(c) If alive, give age 79 years  
 7. Birth date of deceased (mo., day, yr.) June 30, 1865  
 8. AGE: Years 80 Months 8 Days 12 If less than one day  
 ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business Own Farm  
 12. Name George Sims  
 13. Birthplace Tenn.  
 14. Maiden name Eliza Tasker  
 15. Birthplace Garrett Co., Md.

16. Informant Charles Sims  
 Address Cumberland, Md.

17. Burial Date thereof March 15, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Pleasant Valley Cemetery  
 Location 2 Mi. So. Mt. Lake Park

18. Funeral director Herbert C. Leighton  
 Address Oakland, Md.

19. 3-14-46 19. Julia Rowan  
 (Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 12th 1946 at 12:30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-20-46 19. 3-12-46 19. 46  
 and that I last saw him alive on 2:12 19. 46

Immediate cause of death Acute Prostatitis and Cystitis

Dilated heart DURATION 3 days

Due to -----

Due to -----

Other conditions -----

Major findings of operations -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work?

23. SIGNATURE Samuel E. Rollins M.D. M. D. or other

Address Oakland, Maryland Date signed 3-14-46

NEW YORK STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH

RECEIVED  
MAR 26 1946  
BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

## CERTIFICATE OF DEATH

Reg. Dist. No. 112696

## 1. PLACE OF DEATH:

County Garrett  
 City or town Rural Steyer  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Probably 2 hrs.  
 Hospital, institution, or street address where death occurred: 1 mi. West Home of William White - Steyer, Md.  
 How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Steyer Steyer  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. -----  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -----

## 3. (a) FULL NAME

Ervin Samuel Steyer

## 3. (b) Social Security Number

213-01-1667

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Edna Manks Steyer  
 6.(c) If alive, give age 37 years  
 7. Birth date of deceased (mo., day, yr.) September 8, 1906  
 8. AGE: Years 39 Months 6 Days 21 If less than one day ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Farmer  
 11. Industry or business Own Farm  
 12. Name John T. Steyer  
 13. Birthplace Garrett Co., Md.  
 14. Maiden name Mary C. Boger  
 15. Birthplace Preston Co., W. Va.

16. Informant Virgil Steyer  
 Address Steyer, Md.

17. Burial March 26, 1946  
 (Burial, cremation, or removal. Which?) White Church Cemetery  
 Cemetery or crematory 5 Mi. So. Mt. Lake Park, Md.  
 Location Herbert C. Keightley

18. Funeral director Oakland, Md.  
 Address 3/25/46

19. (Date rec'd by registrar) 46 Julius T. Rowan  
 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 46 at 6:00P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw alive on NEVER

Immediate cause of death Hemorrhage, acute DURATION -----  
 Due to Perforation Left Subclavian  
artery  
 Due to Shotgun wound, entering suprasternal  
notch, travelling in and to the left  
 Other conditions -----  
 (Include pregnancy within 3 months of death)

Major findings of operations ----- Date of op. -----  
 Autopsy results as above  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Homicide Date of -----  
 Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----  
 Means of injury Shotgun Injured at work? -----

23. SIGNATURE James B. Gannon, M.D.  
Oakland, Md. M. D. or other -----  
 Address ----- Date signed 3/25/46



CERTIFICATE OF DEATH

100-11-100

9-11-46

RECEIVED

APR 5 1946

BUREAU V S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-C)

## CERTIFICATE OF DEATH

03114

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Mt. Lake Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 yrs.  
 Hospital, institution, or street address where death occurred:  
Mrs. Glenn Cuppetts Home  
 How long in hospital or institution? -----

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland. County Garrett  
 City or town Mt. Lake Park  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. -----  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war -----

## 3. (a) FULL NAME

Mary Elizabeth White

## 3. (b) Social Security Number

-----

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife -----  
 6.(c) If alive, give age ----- years  
 7. Birth date of deceased (mo., day, yr.) November 23, 1867  
 8. AGE: Years 78 Months 4 Days 2 If less than one day ----- hrs. ----- min.

9. Birthplace Garrett Co., Md.  
 (Town, county, and state)  
 10. Usual occupation House work  
 11. Industry or business Own Home  
 12. Name William Boyd White  
 13. Birthplace Garrett Co., Md.  
 14. Maiden name Anna Amelia Lee  
 15. Birthplace Garrett Co., Md.

18. Informant Mrs. Glenn Cuppett  
 Address Mt. Lake Park, Md.

Burial March 27, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory White Church Cemetery  
 Location 5 Mi. So. Deer Park, Md.

18. Funeral director Herbert C. Reighton  
 Address Oakland, Md.

19. 3-27- 46 Julia Rowan  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1946 at 10:45A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 to March 24 1946  
 and that I last saw her alive on March 24 1946

Immediate cause of death Secondary anemia  
 DURATION 3 months

Due to Repeated small hemorrhages 5 yrs.  
Pain-points from vaginal wall.  
 Due to Same vaginitis; duration, 6 yrs.  
Not due to cancer. Not due to tuberculosis.  
 Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations No

Date of op. -----

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE Harold C. Miller MD. M. D. or other -----

Address Eglen, W. Va. Date signed 3/27/46

CERTIFICATE OF DEATH

RECEIVED

APR 5 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14-0)

## CERTIFICATE OF DEATH

Reg. Dist. No. 026976

## 1. PLACE OF DEATH:

County Garrett  
 City or town Deep Lake, Maryland, near Oakland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 7 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

City or town Deep Lake, Md. near Oakland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harry C. Wolfe.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white Married

6. (b) Name of husband or wife Mrs. H. C. Wolfe.

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) May 28th 18758. AGE: Years Months Days If less than one day  
70 11 2 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Connellsville, Penn.  
(Town, county, and state)10. Usual occupation Laborer

## 11. Industry or business

12. Name Lewis Whetzell Wolfe.13. Birthplace Cranesville, W. Va.14. Maiden name Milanda Casteel.15. Birthplace Grafton, W. Va.16. Informant Mrs. Harry C. Wolfe.Address #400 W. Crawford Ave. Connellsville, Pa.17. Burial Date thereof April 2d, /46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oak Grove CemeteryLocation Connellsville, Penn.18. Funeral director Emory D. BalderAddress Oakland, Md.19. 4/1/46 19. 4/6 Jubia Kruwan  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1946, at 3:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined eyes & ears 19\_\_\_\_  
and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_Immediate cause of death Self inflicted gun shot wound  
7 bullets

## DURATION

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Suicide Date of 3/29/46  
Where did injury occur? Deep Creek Lake Garrett MD  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Home  
Means of injury Gun shot wound Injured at work? no23. SIGNATURE B. I. Baumgartner M.D. med exam  
Address Oakland Md Date signed 4/1/46  
M. D. or other \_\_\_\_\_

RECEIVED  
APR 5 1946  
BUREAU V. &